



Department of Agricultural Resources

617-626-1700 fax: 617-626-1850 www.mass.gov/agr



RIDING INSTRUCTOR LICENSE RENEWAL 2016-17

Fee: \$30.00

INSTRUCTOR LICENSE # I-

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Date of Birth (mm/dd/yy) ____/____/____

EMAIL ADDRESS _____

NEW: _____ Check if Updated Info is being provided. JOBS: _____ Answer YES to receive Job Requests

Additional Certifications _____

Checks are processed before the Application is reviewed and does NOT indicate Acceptance or Approval by this Dept.

I certify under the penalties of perjury that I have read the Laws, Regulations and Rules applicable to Riding Instructors, and agree to abide by the same.

Signature

Date

Please fill out the above information to renew your Riding Instructor License. Return the completed form with a **single payment of \$30.00** (Please Do Not Combine Checks)

This application must be accompanied by the required fee of thirty dollars (\$30.00).

Please make check or money order payable to: COMMONWEALTH OF MASSACHUSETTS

Mail To:

Commonwealth of Massachusetts

P. O. Box 419168

Boston, MA 02241-9168

A COPY OF YOUR LICENSE MUST BE POSTED ON THE PREMISES WHERE LESSONS ARE BEING GIVEN